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ABSTRACT

This report was developed to assist California community college districts in developing policies and educational programs to prevent the further spread of Acquired Immune Deficiency Syndrome (AIDS). First, the report discusses the epidemiology of AIDS, and outlines institutional and legislative actions taken to provide public education about the disease and to protect people with AIDS. The policy statement developed by the Board of Governors of the California Community Colleges is followed by guidelines for the development of educational plans and policies at the district level. Next, the report considers various models for AIDS education, stressing that education should: (1) be designed to prevent the further spread of the virus and to dispel myths about the spread of the disease; (2) be coordinated in an authoritative and professional manner; (3) consider particular campus needs; (4) provide referrals and literature; (5) include the education of administrators, faculty and staff; (6) include networking between and outreach to other colleges; (7) encourage volunteerism; and (8) incorporate evaluation and documentation procedures. The final section lists selected resources on AIDS; e.g., educational planning and curricular materials, brochures, videotapes, slides, and information for employees. Lists are also provided of county health officers, alternative test sites, telephone hotlines, newsletters, support and service organizations, funding sources, first aid guidelines, and other sources of information. Appendixes analyze legal issues and developments, present results of a college AIDS survey; and provide the American College Health Association's General Statement on Institutional Response to AIDS. (AJL)

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AIDS Policies and Resources for Community Colleges

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AIDS: Acquired Immune Deficiency Syndrome

The Problem

Dr. Kenneth Kizer, Director of the California Department of Health Services, has said of AIDS: "Acquired Immune Deficiency Syndrome is rapidly emerging as the worst infectious epidemic of the twentieth century and will almost certainly rank as one of the worst epidemics ever to afflict mankind." This threat was dramatically underscored when the U.S. Public Health Service mailed the booklet, *Understanding AIDS*, to every household in the United States in May of 1988. The federal government took this unprecedented step because information and education are, at present, the only effective weapons against AIDS.

The U.S. Public Health Service (USPHS) estimates that as many as 1.5 million Americans may now be infected with the AIDS virus. As of the end of May 1988, there were approximately 60,000 reported cases of full-blown AIDS nationwide, of which nearly one-quarter were in California. The latest estimate by the Public Health Service is that there will be at least 450,000 diagnosed AIDS cases by the end of 1993.

College students are not, in and of themselves, a high-risk group for contracting AIDS. However, at least in California, community college students are quite representative of the general population, which means those who are among the high-risk groups are attending community colleges. In addition, many community college students are at a developmental stage of life where experimentation with drugs and sex is not uncommon, and where one's personal mortality and vulnerability are not fully appreciated or heeded. Thus, it is essential that community colleges act quickly to prevent the further spread of the disease and to provide appropriate assistance to those who have already been infected.

Nature of the Disease

AIDS was first recognized as a disease in 1981. It devastates the body's natural immunity, and leaves the infected person vulnerable to certain infections and malignancies that are not a threat to an individual whose immune system functions normally. The earliest noted of these infections and malignancies, and still the most common, are a rare form of pneumonia, pneumocystis carinii, and a rare cancer, Kaposi's sarcoma. The range of opportunistic infections has included many others, including some not commonly seen and some that are commonly seen but take bizarre forms in the immune-deficient person. The AIDS virus also may attack the nervous system directly, causing brain damage. Whatever the symptomatic illness, however, the cumulative result thus far is invariably fatal.

There is no known cure or vaccine for AIDS and, despite intensive medical research, none is anticipated in the near future. Some drugs have been found that inhibit the AIDS virus, but these do not cure the disease and may have severe side effects. Although no method has yet been found to restore the immune system of a person with AIDS, the medical community has achieved some success in using drugs, radiation therapy, and surgery to treat the resulting illnesses and thereby prolong the lives of those with the disease. But it is still expected that all of those with AIDS will eventually die from it. The fatality rate for all diagnosed cases currently exceeds 56 percent.

A person is only diagnosed as having AIDS when certain clinical criteria established by the Centers for Disease Control are met. Others who do not develop full-blown AIDS may exhibit symptoms known as AIDS-Related Complex (ARC), which include night sweats, swollen lymph glands, less serious opportunistic infections, weight loss, fatigue, and diarrhea. Experts do not know what percentage of people with ARC will eventually progress to full blown AIDS.

The AIDS disease is caused by a virus that investigators call Human-Immunodeficiency Virus (HIV). This virus is transmitted by sexual contact, by the administration of blood and blood components, by the sharing of hypodermic needles, and from an infected mother to her infant before, during, or shortly after birth. Consequently, in the United States, the great majority of those with AIDS fall into one or more high-risk groups: sexually active homosexual and bisexual men; intravenous drug abusers; sexual partners of persons with AIDS or members of high-risk groups; recipients of blood transfusions and blood products (before the screening of blood began); persons with hemophilia and other coagulation disorders; and children born of mothers who have AIDS or are members of high-risk groups. All available evidence and the overwhelming weight of medical opinion indicates that the AIDS virus cannot be transmitted as a result of casual contacts from sharing a classroom or office, through food or water, or by insects. The virus has been shown to be fragile; it dies quickly outside the human body, and it cannot survive in water or air.

Infection with the AIDS virus is not synonymous with the presence of clinical disease, either ARC or AIDS. The incidence of infection is high in high-risk populations, but thus far most infected individuals display no symptoms. However, recent research indicates that virtually all individuals infected with HIV will probably ultimately develop AIDS. Moreover, all infected individuals must be considered to be carriers who can transmit the infection to others by the methods previously described. The time interval between viral infection and the appearance of symptoms (the incubation period) is believed to average over five and one-half years. Thus, there is always a large pool of asymptomatic carriers.

A blood test for HIV antibodies was developed in 1985. Antibodies are proteins that are produced by immune system cells in response to the presence of foreign substances, primarily infectious agents. It is not possible to tell by the presence of

antibodies when the person was infected. The antibody test does not provide direct evidence whether or not a person harbors the virus, but data on the fate of the AIDS virus in infected individuals indicate that a positive antibody test must be considered presumptive evidence that the individual is a carrier of the virus; *i.e.*, is currently infected and infectious.

Institutional Responses

Institutions of higher education have become involved in the fight against AIDS because of their role in medical research and their responsibility to educate students. In 1985, the American College Health Association and the American Council on Education both prepared publications to assist colleges and universities in formulating AIDS policies and implementing educational programs to provide students and employees with reliable information about the disease. In the spring of 1986, the Chancellor's Office of the California State University promulgated a policy on AIDS, including provisions for an AIDS education program. In October of that year, the University of California disseminated AIDS-related policies and guidelines. Also, in October 1986, the governing board of the San Francisco Community College District adopted an AIDS nondiscrimination policy, and followed this with an AIDS education plan in the fall of 1987. The Los Angeles Community College District adopted a detailed statement of policy guidelines in October 1987. An informal survey was undertaken by the Chancellor's Office in May 1988 to assess the current efforts California's community colleges are making to respond to the AIDS crisis. Thirty-nine districts, representing 50 colleges, responded to the survey. Fourteen districts reported that a specific policy on AIDS had been adopted or was under review at the time of the survey. Of the responding colleges, 90 percent indicated that they were conducting some form of AIDS education, but the type of activities varied widely. A full discussion of the results of this survey is contained in Appendix C.

Thus, it would appear that there is a good deal of AIDS-related activity already underway in local community college districts. While this is encouraging, it is clear that as the disease spreads, there will be an increasing need for similar efforts in all community colleges.

Legislative Responses

The Legislature too has been grappling with the problems presented by AIDS. Bills to protect the confidentiality and insurance coverage of persons taking an HIV blood test have been passed. Several bills that would explicitly recognize the legal rights of those with AIDS have been introduced. Other bills have established services, research programs, and education projects aimed at preventing the further spread of the disease. One bill, AB 3032 (Roos), would have allocated funds to establish pilot

programs for AIDS education at six community colleges. For a full discussion of legislative responses to AIDS see Appendix B.

Legal Mandates

The prevalence of the disease and its alarming spread have given rise to widespread public concern. Although it seems clear that AIDS cannot be transmitted through casual contact, many persons with AIDS have been subjected to unfair treatment based on the irrational fears of others. As a consequence, those with AIDS have looked to the courts to protect them from discriminatory treatment.

Federal courts have held that both students and employees with AIDS are disabled, and thus protected from discrimination, under Section 504 of the Rehabilitation Act of 1973. Various California statutes also afford similar nondiscrimination protection. A full analysis of the relevant legal issues posed by AIDS in the context of the community colleges is contained in Appendix A.

The Board of Governors is charged with monitoring compliance with nondiscrimination laws for colleges receiving state or federal financial assistance under programs administered by the Chancellor. In addition, the Board should address the AIDS crisis in order to fulfill its responsibility to provide leadership and direction for the community colleges under the *Education Code*, Section 71023.

The next section of this report presents the proposed Board policy statement on AIDS and AIDS education. It addresses the treatment of students and employees with AIDS and efforts to prevent the further spread of the disease. The following sections discuss guidelines for the use of districts in developing AIDS policies and recommendations for implementing AIDS education.

Board of Governors Policy Statement on AIDS

The Board of Governors recognizes the complexity of the interaction of health, educational, civil rights, and legal issues that bear on the subject of AIDS. Policies should be designed to prevent the spread of the virus; to ensure safe and healthful learning and working conditions; to protect the rights of persons with AIDS, ARC, or a positive HIV-antibody test result; to dispel myths and fears; and to create an informed campus community. Toward these ends, the Board adopts the following policies:

1. It is the policy of the Board of Governors that:

   A. All community college students and employees should be provided with a safe as well as fair, sensitive, and nondiscriminatory environment for study and work. To that end, the Board recognizes the need to protect the legal rights of individuals with AIDS, ARC, or a positive HIV-antibody test as those rights pertain to privacy, employment, enrollment for instruction, participation in curricular and extra-curricular activities, and provision of any benefit or service to which they are otherwise entitled.

   B. Persons with AIDS or ARC are considered disabled under state and federal laws and may, therefore, be provided with accommodations necessary to meet their disability-related needs through state-funded Disabled Student Programs and Services (DSPS).

   C. In order to stop the spread of AIDS, students and employees need to be provided with appropriate educational programs and materials that convey accurate information about AIDS and dispel irrational fears.

   D. The Chancellor of the California Community Colleges should seek to enhance Chancellor's staff expertise on the subject of AIDS and shall disseminate the document, *AIDS Policies and Resources for Community Colleges*, in order to provide districts with technical assistance in adopting AIDS policies and developing AIDS education plans.

2. In keeping with the Board's own policies, the governing board of each community college district is strongly encouraged to develop and implement plans to:

   A. Protect the legal rights of all students and employees and to ensure compliance with state and federal laws regarding treatment of those with AIDS, ARC, or positive HIV-antibody test; and

   B. Provide AIDS education for all students and employees. In developing this plan, the district is encouraged to follow the guidelines and recommendations set forth in *AIDS Policies and Resources for Community Colleges.*

Guidelines for Community College Districts

Districts should consider the following guidelines in developing plans and policies for AIDS education and treatment of those with AIDS.

1. An individual with AIDS, ARC, or a positive HIV-antibody test result may not be denied employment, enrollment for instruction, or participation in curricular or extracurricular activities, as long as he or she is able, with appropriate accommodations, to perform in accordance with established standards. Nor may any such person be denied any benefit or service to which he or she is otherwise entitled.

2. No individual may be required to answer questions about whether he or she has AIDS or to undergo antibody testing or other AIDS testing as a condition of employment or enrollment.

3. Persons with AIDS or ARC, or who are perceived to have such conditions, are considered disabled under state and federal law and should be provided with accommodations necessary to meet their disability-related needs.

4. A student with AIDS or ARC may be served through state-funded Disabled Student Programs and Services if the condition imposes functional limitations that impede access to the educational process.

5. Each district governing board should educate itself regarding AIDS in order to fulfill its responsibility to assist in preventing further spread of the infection, and to be prepared for the educational and administrative questions that may arise regarding AIDS and the HIV virus. All Board members should, at a minimum, be familiar with the Surgeon General's report on AIDS (enclosed) and the recommendations on institutional response of the American Council on Education and the American College Health Association. (See Appendix D.)

6. The medical records of a student or employee are confidential and such information may not be released without the written consent of the individual, except as provided by law. (See Appendix A.) There is no medical necessity to advise co-workers or students of the presence of a person who has AIDS, ARC, or a positive HIV-antibody test. Refusal to work with a person who has AIDS should not be allowed to excuse an employee from fulfilling assigned responsibilities.

7. Those who are known to have AIDS or ARC, or who are infected with HIV should be excused from any institutional requirements for certain vaccines (measles, rubella, etc.) that may cause serious problems for persons with poorly functioning immune systems. Appropriate precautions should be considered to protect the health of such persons during outbreaks of contagious diseases.

8. Persons with AIDS, ARC, or a positive HIV-antibody test result should not be denied equal access to residence halls, student unions, cultural or athletic events, dining areas, gymnasiums, swimming pools, recreation facilities, or other common areas.

9. Appropriate steps should be taken to ensure the safety of individuals participating in any laboratory experiments involving blood, blood products, and body fluids. Arrangements should be made to ensure that community health-care facilities that provide field work experience to students are in compliance with the Centers for Disease Control (CDC) guidelines for the handling of blood, blood products, and body fluids. College health centers and health occupation training programs should review their protocols to ensure they also are in compliance with such guidelines.

10. Persons with AIDS, ARC, or a positive HIV-antibody test result should be given assistance in obtaining appropriate medical care and counseling. Students or employees with concerns or fears about AIDS or about the presence of persons with AIDS should be provided with counseling and the opportunity for voluntary testing. If necessary medical care, counseling, or testing cannot be provided by the district, referrals should be made to appropriate community resources.

11. Child care centers and other similar programs should follow the guidelines developed by the Centers for Disease Control for education and foster care of children with AIDS, ARC, or a positive HIV-antibody test result.

12. Community colleges should move quickly and effectively to deal with any incident of harassment or psychological or physical abuse inflicted on students or employees who may have or are suspected to have AIDS.

13. Each district should have a capable and well-informed public spokesperson who can answer questions about its AIDS policies and who is prepared to address the social questions, civil rights issues, and public health considerations surrounding the disease. The spokesperson should be familiar with the details of the district's AIDS education program and the applicable statutes and policies regarding confidentiality of student records.

14. Institutional policies on sick leave, leaves of absence, disability insurance, and all other personnel policies should be applied to those with AIDS or ARC in the same manner as for any other employee with a disability or illness.

15. No special precautions beyond ordinary standards of good personal hygiene and food sanitation are necessary for food service workers. Equipment contaminated with blood or body fluids of any worker should be cleaned and then disinfected.

16. The CDC recommendations specific to dentistry should be followed in any practice exercises or clinical experiences provided for students of dental assisting and dental hygiene.

17. Colleges that offer courses or community service classes in Cardio-Pulmonary Resuscitation (CPR), which entail use of a practice mannequin, should follow the American Red Cross guidelines for the use and disinfection of the mannequins in accordance with CDC recommendations. These guidelines should be followed by all Red Cross-certified instructors or others who teach CPR.

18. It is recommended that colleges with dormitories obtain and follow the policies suggested by the American College Health Association on accommodating students with AIDS in campus housing. There is no medical or legal necessity to inform other students of the presence of a student with AIDS, ARC, or a positive HIV-antibody test, and to do so could subject the college to liability for violation of the student's rights. It is important, however, to provide education on AIDS and its modes of transmission to dormitory students. Whenever possible and agreed to voluntarily by the affected student, living arrangements should be discussed with a roommate of a student with AIDS.

19. Case-by-case decisions should be made with competent medical advice regarding the participation of students with AIDS or ARC in intramural or varsity sports. Athletic departments should be aware of procedures for dealing with blood spills that may result from athletic injuries.

Models for AIDS Education

Purpose

It has been conservatively estimated that between 15,000 and 57,000 college students in California already carry HIV, and this virus is found throughout the state, as evidenced by the distribution of diagnosed AIDS cases.*

In view of these facts, the first purpose of AIDS education at community colleges must be to prevent further spread of the virus. In addition, misinformation about AIDS has sometimes created great stress and anxiety among persons who are not at risk, and led to harassment or discrimination against persons who are thought to be infected with HIV. Given these realities, a second purpose of AIDS education at community colleges must be to dispel myths and unreasonable fears about the disease, and to create a supportive environment for those who suffer from it.

AIDS Education Coordination

Activities to achieve the above purposes above should be coordinated by a committee or individual appointed by the chief executive of the college or district, or by a person designated by that committee or individual. Regardless of who coordinates them, AIDS education activities should be authoritative and professional. Presentations should make use of current, accurate, and thorough information. To this end, each education coordinator should be in touch with a major AIDS service organization, the county health officer or AIDS coordinator, physicians at the local Alternative Test Site, or other authoritative backup resources. (See "Selected Resources" section.)

Needs and Plans

Each college should assess the need for AIDS education on its own campus, and design and implement activities accordingly. It is to be expected that activities will vary substantially among the 106 colleges. Needs assessment should include an analysis of the demographics of the college's service area and the availability of other sources of AIDS information and services. The activities that can be undertaken will be affected by what resources are available. However, no college should conclude that it does not need an AIDS education program.

*Calculation of number of students infected is from *AIDS Education on the College Campus*, UC Berkeley Student Health Service, October 1987. Statewide distribution of cases is shown in *California AIDS Update*, State Office of AIDS, April 4, 1988

Referrals and Literature

A minimal level of AIDS education that should be provided on every campus is: (a) referrals to AIDS information, counseling, and testing locations; and (b) basic literature about AIDS, how it is transmitted, and what people concerned about it should do. The "Selected Resources" section of this document will assist every college in making such information available. It is very important that the location where such referrals and literature can be obtained be publicized; for this purpose, posters, campus newspapers and bulletins, and messages in the catalog and course schedule are appropriate.

Educating Administrators, Faculty, and Staff

AIDS education should include administrators, trustees, student services personnel, and faculty. Indeed, it is most appropriate, if possible, to schedule an educational presentation especially for the board of trustees and key administrators, because these persons have ultimate responsibility both to the public and to students and employees, and their support and understanding is essential for successful outreach programs. Also, it is vital to educate health services personnel, counselors, staff of Extended Opportunity Programs and Services (EOPS) and Disabled Student Programs and Services (DSPS), and (in colleges that have dormitories) residence hall personnel. Training these "gatekeeper" personnel, who are in regular contact with students, will multiply the effectiveness of other educational efforts. However, the group with the greatest potential to make AIDS education effective is the faculty. It is recommended that AIDS education strategies and updates on the disease be included in the college's regular staff development program, and be scheduled for department meetings or pre-term orientations. Faculty leaders should assist with the college's assessment and planning for AIDS education. For the more comprehensive approaches to AIDS education, faculty participation is essential.

Language Choices and Attitudes

Squeamishness about the subject of sexual practices or drug use and about frank language used to describe such practices cannot be allowed to hinder effective education. Pamphlets on "safer sex" available from the American College Health Association frankly discuss the dangers of certain sexual practices. It is a matter of public responsibility for colleges to provide such information where it is needed, even though it may shock some people.

On the other hand, while it is imperative to provide clear and complete information, it is also important to select materials that use appropriate tone and diction. Educational materials specifically targeted for high-risk men in the gay community would not be appropriate for general distribution on campus.

Language used in AIDS education should avoid negative labeling and should reflect compassion. Persons with AIDS or with a positive HIV-antibody test often face a dual struggle against a deadly disease and against attitudes of others towards them.

AIDS education should not become entangled in debate about sexual ethics or choice of personal lifestyle. The religious and moral viewpoints of all persons should be respected. Issues involving social and individual attitudes towards sexuality, drug use, disability, and dying may arise out of a program of AIDS education. Pursuit of such issues may even be fruitful educationally in other forums, but it should not be allowed to prevent or delay the dissemination of accurate information about how one does or does not contract AIDS.

Reaching Students

A great variety of activities can be undertaken to reach students directly. Each college should decide which activities it can and should undertake, and how to carry them out. Some typical activities would be:

1. *Literature Distribution and Posters.* General informational brochures on AIDS may be distributed to all registering students, or to students in all classes by the faculty. This would be a maximum approach; a less aggressive and expensive approach would be to make brochures easily available in such locations as the student lounge, cafeteria, counseling center, and library. Appropriate posters are available from a number of sources, or the college may design its own.

2. *Working with Student Groups.* Student government organizations or clubs may be helpful in providing volunteers to staff AIDS-information tables during peak campus traffic hours, or in organizing informational presentations. If the college has a gay students' organization, it may be a valuable source of help. Students in art courses may be interested in designing posters, and college news reporters may be helpful in publicizing AIDS information and activities.

3. *Integrating AIDS into the Curriculum.* The subject of AIDS and various medical, legal, ethical, social, and psychological issues arising from the disease are relevant to existing courses in health education, health sciences, social sciences, biology, law, and other disciplines. Specific units or assignments on AIDS-related topics can also be used in general courses such as English and business.

4. *Special Presentations.* The campus AIDS education coordinator or another qualified person can provide an explanation of AIDS and how to reduce risk of infection, and explore some of the related issues, in presentations ranging from 15 minutes to several hours. "AIDS Education on the College Campus" (See "Selected Resources") includes a guide to what topics to cover depending on the time available. Presentations may be offered in regular courses, by invitation

of the faculty, or as separate educational sessions held at appropriate times and locations to reach as many students as feasible.

5. *Special Courses on AIDS.* The subject of AIDS presents an opportunity for an instructor or team of instructors to create a new course with interdisciplinary elements. Recently such a course - entitled "AIDS: The Modern Plague" - was offered at UCLA. Approximately 2,000 undergraduates had to be turned away from the overflowing lecture hall.

6. *Special Events.* Many universities and colleges have staged special AIDS awareness programs. Resource organizations and county AIDS coordinators can assist in locating expert guest speakers for special lectures or symposiums. Persons with AIDS and volunteers who work with AIDS patients may also be invited. Ideas for specific themes around which to organize special events are given in some of the publications listed in the "Selected Resources" section.

7. *AIDS Library.* A collection of books, government publications, pamphlets distributed by organizations, scientific journal articles, and magazine and newspaper articles related to AIDS may be assembled with the help of the college librarian. If budget permits, a subscription to an AIDS newsletter may be purchased. Such a collection would be valuable in keeping the AIDS education coordinator and involved students, faculty, and administrators current on new epidemiological and research developments. It could also stimulate individual student academic research projects on the disease.

Reaching Classified Employees

To the extent possible, classified employees should be provided with the same materials, and offered the opportunity to participate in the same informational events, as students and faculty. In addition, it is very important to address the concerns employees sometimes have about being near co-workers or students who may have AIDS or a positive HIV-antibody test. Colleges should make sure that supervisors are able to provide accurate information about AIDS and how it is transmitted in order to calm fears and ensure a safe and supportive workplace. It must be emphasized that there are no recorded cases of infection from ordinary occupational exposure outside of health care settings. Even among health care workers who have been accidentally exposed to the blood and body fluids of severely ill AIDS patients, the incidence of infection is extremely low.* Colleges may wish to address the subject of AIDS in an employee newsletter or in a special staff memo. An excellent guide, entitled *Facilitating AIDS Education in the Work Environment*, has been produced by a task force of major Orange County California companies. (See "Selected Resources" section for ordering information.) Several good brochures specifically for workers are available.

* From *AIDS and the Healthcare Worker*, Service Employees International Union, October 1987.

Networking and Outreach

Expertise and resources should be shared to make educational programs more effective and to avoid the need for every college to "reinvent the wheel." The Chancellor's Office will facilitate cooperative and regional events to the extent of its resources. For colleges that are setting up an AIDS education effort for the first time, Chancellor's Office staff can provide the names of experienced AIDS educators at other nearby community colleges who have volunteered to provide consultation and assistance.

Colleges should also publicize AIDS education activities outside the boundaries of the campus, and invite members of the general public to special events or presentations as feasible, in order to help contain the spread of the AIDS virus in the general population of the college's service area.

Volunteerism

Crisis can bring out the best as well as the worst in people and institutions. Colleges may be able to demonstrate a high level of social commitment, as well as to provide a character-building, educational, and personal growth opportunity for students, by establishing liaison with AIDS service organizations that need volunteer help. The recent national mailing on AIDS from the Surgeon General encourages volunteerism. People who provide care for those with AIDS are not at any increased risk as long as they understand how the virus is and is not transmitted. Special training and publications on helping persons with AIDS are available. Staff as well as students may be invited to volunteer.

Evaluation

It is important to keep records of AIDS education activities, for evaluation purposes and for documenting the college's efforts. These records should include quantitative measures, such as numbers of brochures distributed, number of inquiries answered or referrals provided, numbers of participants in special events and presentations, etc. To the extent possible, they should also include qualitative information. Reactions of participants and their suggestions for improvement may be obtained with a simple questionnaire following presentations. For longer presentations or seminars, pre- and post-tests of participants, knowledge about AIDS may be employed. Models for such questionnaires and tests are included in some of the recommended resource materials.

Selected Resources on AIDS

Higher Education Guidelines

White Paper, "AIDS on Campus," December 1985, American Council on Education, One Dupont Circle, Washington, DC 20036, (202) 939-9390. This white paper is distributed by the Council's Office of Women in Higher Education, which handles AIDS concerns. While the general recommendations in this document remain valuable, the accompanying legal analysis is dated.

Booklet, *AIDS on the College Campus: ACHA Special Report*, Spring 1986, American College Health Association [ACHA], 15879 Crabbs Branch Way, Rockville, MD 20855, (301) 963-1100. Doug Conaway is the national coordinator of ACHA's AIDS Project; Gerri Smith is the assistant coordinator. Price: $5 to ACHA member schools; $7.50 to nonmembers. This publication is the single best source of recommendations on the implications of AIDS for colleges. It contains five detailed statements on: institutional policies and administrative liaison, housing policies, educational priorities and methods, HTLV-III antibody testing, and confidentiality of information. However, the December 1985 "General Statement on Institutional Response to AIDS," included in this booklet, has been superseded by a January 1988 revision (included with this Board of Governors document). The entire booklet is to be updated, with a second edition scheduled for fall 1988.

CDC Guidelines

The Centers for Disease Control (CDC) recommendations and guidelines constitute the most authoritative, medically qualified public health information on controlling the AIDS virus and dealing with infected persons. A compilation of all relevant guidelines, entitled *AIDS: Recommendations and Guidelines, November 1982-May 1987*, is available free on request from the U.S. Public Health Service, 50 United Nations Plaza, San Francisco, CA 94102, (415) 556-2595. Regional Coordinator for AIDS/HIV Epidemic is Alan Harris. Or write to Centers for Disease Control, AIDS Program, 1600 Clifton Road NE, Atlanta, GA 30333, (404) 639-2891.

All of the CDC guidelines were originally published in its *Morbidity and Mortality Weekly Report* (MMWR). Some of the most relevant referred to in this report are:

> "Recommendations for preventing transmission of infection with human T-lymphotropic virus type III/Lymphadenopathy-associated virus in the workplace," MMWR 1985 Nov. 15; 34:681-86, 691-95.
>
> "Acquired immunodeficiency syndrome (AIDS): Precautions for health-care workers and allied professionals," MMWR 1983 Sept. 2; 32:45-51.

"Recommended infection-control practices for dentistry," MMWR 1986 Apr. 18; 35:237-42.

"Education and foster care of children infected with human T-lymphotropic virus type III/Lymphadenopathy-associated virus," MMWR 1985 Aug. 30; 34:517-21.

Educational Planning and Curriculum

Book, *AIDS Education on the College Campus*, October 1987 (second ed.), by Cathy Kodama, Health Promotion Office, Student Health Service, UC Berkeley, CA 94720, (415) 642-7202. Price: $8. This book is probably the single best guide to AIDS education planning. It contains an excellent menu of possible activities, suggested content for an AIDS presentation, safe sex guidelines, reproductions of flyers and posters for AIDS awareness events at various colleges, and a comprehensive resources section.

Model plan, "AIDS Education Plan," August 1987, San Francisco Community College District, 33 Gough Street, San Francisco, CA 94103, (415) 239-3048. The district's AIDS Education Coordinator is Mary Reddick. This is a complete plan, which can serve as an excellent model. It includes an article on successfully sponsoring an AIDS awareness week, and other resource materials and references.

Manual, *Teaching AIDS*, Summer 1987 (revised ed.), by Marcia Quackenbush and Pamela Sargent, distributed by San Francisco AIDS Foundation, 333 Valencia Street, 4th Floor, San Francisco, CA 94103, (415) 861-3397. Price: $19.95, plus 6.5% sales tax, and $3 shipping and handling. This manual was written primarily for high school teachers, but could be very useful for community college efforts because of its up-to-date information, detailed lesson plans, materials on discussing AIDS in social studies and biological science classes, student worksheets and sample tests, answers to common student questions, and advice on how to teach about sexuality and condom use. It also contains good background materials, including summaries of the latest CDC guidelines and standards.

Brochures

The range of brochures is very wide. Many county public health agencies and other organizations have prepared their own AIDS education brochures that are free, and it can be a valuable educational exercise for a college AIDS committee to prepare a brochure targeted to its own students. Listed here are only a few examples of widely used brochures.

General Information: "AIDS . . . What Everyone Should Know," American College Health Association, 15879 Crabbs Branch Way, Rockville, MD 20855,

(301) 963-1100. Write or phone for prices. • "AIDS: The Facts," "AIDS, Sex, and You," and "Facts about AIDS and Drug Abuse," American Red Cross and U.S. Public Health Service. Contact local Red Cross office or American Red Cross AIDS Education Office, 1730 D Street NW, Washington, DC 20006, (202) 737-8300. • "AIDS Lifeline," San Francisco AIDS Foundation, 333 Valencia Street, 4th Floor, San Francisco, CA 94103, (415) 861-3397. Write or phone for prices. • "What Everyone Should Know about AIDS," Scriptographic Booklets, South Deerfield, MA 01373, (413) 665-7611. Write or phone for prices.

The most complete and authoritative short publication on AIDS, but one that is available only in limited supply, is the 1986 *Surgeon General's Report on AIDS*. This would be appropriate for training faculty and staff, rather than for general distribution to students. It may be requested from U.S. Public Health Service, 50 United Nations Plaza, San Francisco, CA 94102, (415) 556-2595, or by writing to AIDS, P.O. Box 14252, Washington, DC 20044.

Safer Sex: "Safer Sex" and "Making Sex Safer," American College Health Association. Write or phone for prices. • "Condoms for Couples," San Francisco AIDS Foundation. Write or phone for prices. • "Gay and Bisexual Men and AIDS," American Red Cross and U.S. Public Health Service.

For nursing and allied health occupations students: "AIDS and the Healthcare Worker," Service Employees International Union. Available from San Francisco AIDS Foundation or Occupational Health and Safety Department., Service Employees International Union, 1313 L Street NW, Washington, DC 20005, (202) 898-3386.

Videotapes and Slides

"A Letter from Brian" (emphasis on teenagers) and "Beyond Fear" (emphasis on AIDS in the workplace), available at a small rental charge from local Red Cross chapters.

"The AIDS Movie," available for purchase or rental from New Day Films, 22 Riverview Drive, Wayne, NJ 07470, (201) 633-0212. Focuses on the stories of three people with AIDS who explain the realities of the disease.

"Spread Facts Not Fear," slide presentation available from local Red Cross chapters. Three series of educational slides - one general series, one on epidemiology/surveillance, one on health care workers - available from Betty McDevitt, Centers for Disease Control, Archives Building 2, Room B-46, Atlanta, GA 30333.

"AIDS: Can I Get It?" available for $9.95 from Leading Edge Video, 225 Turnpike Street, Canton, MA 02021, (800) 872-5323. Latest information on transmission, research and future prospects. Features leading national medical experts on AIDS.

Employees

Employment Policy Paper: "Guidelines for AIDS Information and Education and for Personnel Management Issues," Office of Personnel Management, U.S. Government. These guidelines, issued in March 1988, are divided into two sections, one on workplace education, and the other on personnel management issues. The latter section contains a practical discussion of specific issues such as employee ability to work, changes in work assignment, employee conduct, insurance, disability retirement, etc. The context is that of federal law and federal civil service, but the general considerations are universally applicable. The guidelines are reproduced as an appendix to the *Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic* (June 1988), and are also available from the OPM's Office of Public Affairs, 1900 E Street N.W., Suite 5F12, Washington, DC 20415, (202) 632-7433.

Manual, *Facilitating AIDS Education in the Work Environment*, September 1987, by Orange County Business Leadership Task Force on AIDS and Alcohol and Drug Abuse. One copy may be ordered free by telephoning (800) 544-3600. Additional copies are $5 from Pacific Financial Companies, Products Information Office-4, P.O. Box 9000, Newport Beach, CA 92658. This extremely complete and up-to-date manual includes sample employee newsletter articles and memos, examples of corporate policies, advice on educational activities, "gut-level" employee questions and answers, a complete listing of community resources (including alternative test sites and Red Cross offices) by county in California, a section on educational materials, and a bibliography.

Brochures: "AIDS and Your Job--Are There Risks?" American Red Cross and U.S. Public Health Service. Contact local Red Cross office or American Red Cross AIDS Education Office, 1730 D Street NW, Washington, DC 20006, (202) 737-8300. • "AIDS in the Workplace," San Francisco AIDS Foundation, 333 Valencia Street, 4th Floor, San Francisco, CA 94103, (415) 861-3397.

County Health Officers

AIDS testing, services, and educational efforts are coordinated in California primarily through county public health offices. About half of the state's counties and several city health departments have Alternative Test Site (ATS) coordinators. Many counties also have designated AIDS coordinators, whose duties include assisting schools and colleges with their education programs. A few larger counties have separate offices for AIDS services. Arrangements vary considerably among the different jurisdictions: in some the ATS coordinator is also the AIDS services coordinator, and in others the responsibility for AIDS services is diffused. However, all county health officers have overall responsibility for AIDS assistance and can be helpful in providing educational materials, arranging for speakers, and directing students or staff to AIDS testing, counseling, and services. The complete list of

health officers is reproduced here; it is appropriate when contacting these offices to inquire if there is a staff member specifically assigned to AIDS education.

ALAMEDA COUNTY
Carl L. Smith, M.D.
499 5th Street
Oakland, CA 94607
(415) 268-2727

ALPINE COUNTY*
Gregory J. Hayes, M.D.
P.O. Box 306
Markleeville, CA 96120
(916) 694-2146

AMADOR COUNTY*
James McClenahan, M.D.
108 Court Street
Jackson, CA 95642
(209) 223-6407

BERKELEY CITY
Carmen Nevarez, M.D.
2180 Milvia Street, 3rd Floor
Berkeley, CA 94704
(415) 644-6421

BUTTE COUNTY
Chester L. Ward, M.D.
18 County Center Dr., Suite B
Oroville, CA 95965
(916) 538-7581

CALAVERAS COUNTY*
Robert Marshall, M.D.
Government Center
San Andreas, CA 95249
(209) 754-6465

COLUSA COUNTY
John R. Heckman, M.D.
251 East Webster Street
Colusa, CA 95932
(916) 458-5177

CONTRA COSTA COUNTY
William B. Walker, M.D.
2500 Alhambra Avenue
Martinez, CA 94553-3191
(415) 646-4416

DEL NORTE COUNTY-See
Humboldt-Del Norte

EL DORADO COUNTY
Curtiss E. Weidmer, M.D.
931 Spring Street
Placerville, CA 95667
(916) 626-2131

FRESNO COUNTY
Donn R. Cobb, M.D.
P.O. Box 11867
Fresno, CA 93775
(209) 445-3200

GLENN COUNTY*
Robert Zadra, M.D.
240 North Villa Avenue
Willows, CA 95988
(916) 934-5418

HUMBOLDT-DEL NORTE
Paul Anderson, M.D.
529 I Street
Eureka, CA 95501
(707) 445-6200

IMPERIAL COUNTY
L. Lee Cottrell, M.D.
935 Broadway
El Centro, CA 92243
(619) 339-4429

INYO COUNTY
John H. Eaton, M.D.
P. O. Drawer H
Independence, CA 93526
(619) 878-2411

KERN COUNTY
Leon M. Hebertson, M.D.
1700 Flower Street
Bakersfield, CA 93305-4198
(805) 861-2231

KINGS COUNTY
Sheldon Minkin, M.D.
330 Campus Drive
Hanford, CA 93230
(209) 584-1401

LAKE COUNTY
Peter Stanley, M.D.
922 Bevins Court
Lakeport, CA 95453
(707) 263-2241

LASSEN COUNTY*
Ken Korver, M.D.
555 Hospital Lane
Susanville, CA 96130
(916) 257-8311, Ext. 108

LONG BEACH CITY
Rugmini Shah, M.D.
P. O. Box 6157
Long Beach, CA 90806
(213) 427-7421, Ext. 248

LOS ANGELES COUNTY
Robert Gates
313 North Figueroa Street
Los Angeles, CA 90012
(213) 974-8101

MADERA COUNTY
C. Dean McClure, M.D.
14215 Road 28
Madera, CA 93638
(209) 675-7893, Ext. 280

MARIN COUNTY
Theodore Hiatt, M.D.
Marin County Civic Center
Room 280
San Rafael, CA 94903
(415) 499-6879

MARIPOSA COUNTY*
Avery E. Sturm, M.D.
P. O. Box 5
Mariposa, CA 95338
(209) 966-3689

*Contract county health jurisdiction.

MENDOCINO COUNTY
Craig McMillan, M.D.
Courthouse
Ukiah, CA 95482
(707) 463-4134

MERCED COUNTY
Richard Welch, M.D.
P. O. Box 471
Merced, CA 95341
(240 East 15th Avenue)
(209) 385-7421

MODOC COUNTY
Ed R. Richert, M.D.
139 West Henderson Street
Alturas, CA 96101
(916) 233-4517

MONO COUNTY*
John Eaton, M.D.
P. O. Box 476
Bridgeport, CA 93517
(619) 932-7485

MONTEREY COUNTY
Robert J. Melton, M.D.
1270 Natividad Road
Salinas, CA 93906
(408) 755-4525

NAPA COUNTY
Robert S. Hill, M.D.
P. O. Box 749
(2281 Elm Street)
Napa, CA 94559
(707) 253-4461

NEVADA COUNTY
Jerry J. Zarriello, M.D.
HEW Complex
10433 Willow Valley Road
Nevada City, CA 95959
(916) 265-1450

ORANGE COUNTY
Rex Ehling, M.D.
P. O. Box 355
Santa Ana, CA 92702
(714) 834-3155

PASADENA CITY
Gene Stevenson, M.D.
Interim
100 North Garfield Avenue
Room 104
Pasadena, CA 91109
(818) 405-4388

PLACER COUNTY
Howard W. Mitchell, M.D.
11484 B Avenue
Auburn, CA 95603
(916) 823-4465

PLUMAS COUNTY
Albert L. Kiefer, M.D.
P. O. Box 480
Quincy, CA 95971
(916) 283-1800

RIVERSIDE COUNTY
Ed Gallagher, M.D.
P. O. Box 1370
Riverside, CA 92502
(3573 11th Street Mall)
(714) 787-2058

SACRAMENTO COUNTY
Bette Hinton, M.D.
3701 Branch Center Road
Sacramento, CA 95827
(916) 366-2181

SAN BENITO COUNTY*
Peter E. Jones, M.D.
439 Fourth Street
Hollister, CA 95023
(408) 637-5367

SAN BERNARDINO COUNTY
George R. Pettersen
351 Mountain View Avenue
San Bernardino, CA 92415
(714) 387-6219

SAN DIEGO COUNTY
Donald G. Ramras, M.D.
1700 Pacific Highway
Room 208
San Diego, CA 92101
(619) 236-2237

SAN FRANCISCO CITY AND COUNTY
David Werdegar, M.D.
101 Grove Street
San Francisco, CA 94102
(415)554-2600

SAN JOAQUIN LOCAL HEALTH DISTRICT
Jogi Khanna, M.D.
P.O. Box 2009
(1601 E. Hazelton Avenue)
Stockton, CA 95201
(209) 468-3411

SAN LUIS OBISPO COUNTY
George B. Rowland, M.D.
P. 0. Box 1489
San Luis Obispo, CA 93406
(805) 549-5500

SAN MATEO COUNTY
Marc Sapir, M.D.
225 37th Avenue
San Mateo, CA 94403
(415) 573-2757

SANTA BARBARA COUNTY
Lawrence Hart, M.D.
300 San Antonio Road
Santa Barbara, CA 93110
(805) 681-5102

*Contract county health jurisdiction.

SANTA CLARA COUNTY
Stephen Coray, M.D.
2220 Moorpark Avenue
San Jose, CA 95128
(408) 299-5858

SANTA CRUZ COUNTY
Patrick Meehan, M.D. Interim
P. O. Box 962
Santa Cruz, CA 95060
(1060 Emeline Street)
(408) 425-2538

SHASTA COUNTY
Stephen Plank, M.D.
2650 Hospital Lane
Redding, CA 96001
(916) 225-5591

SIERRA COUNTY*
Victor Cohen, M.D.
P. O. Box 517
Loyalton, CA 96118
(916) 993-4437

SISKIYOU COUNTY
Robert W. Bayuk, M.D.
806 South Main Street
Yreka, CA 96097
(916) 842-4196

SOLANO COUNTY
Edward G. Lopez, M.D.
355 Tuolumne Street
Vallejo, CA 94590
(707) 553-5566

SONOMA COUNTY
Robert L. Holtzer, M.D.
3313 Chanate Road
Santa Rosa, CA 95404
(707) 527-2671

STANISLAUS COUNTY
Willard Fourney, M.D.
Interim
820 Scenic Drive
Modesto, CA 95350
(209)525-7301

SUTTER COUNTY
Arch Beard, M.D.
370 Del Norte Avenue
Yuba City, CA 95991
(916) 671-1140

TEHAMA COUNTY
Richard Wickenheiser, M.D.
1850 Walnut Street
Red Bluff, CA 96080
(916) 527-6824

TRINITY COUNTY*
Michael G. Polka, M.D.
P. O. Box AJ
Weaverville, CA 96093
(916) 623-4000, Ext. 358

TULARE COUNTY
Michael MacLean, M.D.
Hillman Health Center
1062 South K Street
Tulare, CA 93274
(209) 686-3461, Ext. 255

TUOLUMNE COUNTY
Robert Marshall, M.D.
105 Hospital Road, Room 123
Sonora, CA 95370
(209) 533-7169

VENTURA COUNTY
Lawrence Dodds, M.D.
3161 Loma Vista Road
Ventura, CA 93003
(805) 652-5914

VERNON CITY
Norman Michiels
4305 South Santa Fe
Vernon, CA 90058
(213) 583-8811

YOLO COUNTY
Robert Bates, Jr., M.D.
10 Cottonwood Street
Woodland, CA 95695
(916) 666-8649

YUBA COUNTY
John Culton, M.D.
938 14th Street
Marysville, CA 95901
(916) 741-6240

*Contract county health jursdiction.

State of California, Department of Health Services, Office of Advisory Liaison, 714 P Street, Room 1376, P.O. Box 942372, Sacramento, CA 94234-7320, (916) 322-2743.

Alternative Test Sites

The Alternative Test Site (ATS) program was established in 1985 to protect the supply of donated blood. It is called "alternative" in that the first use of HIV-antibody testing was in blood banks, and it was feared that persons at high risk for AIDS might volunteer to donate blood as a way to be tested. Therefore the ATS program was set up to offer free, anonymous HIV-antibody testing in every county

throughout California. Persons being tested are assigned a number and their test results cannot be traced back to them personally. Education and counseling are also part of the ATS procedure.

A complete list of Alternative Test Sites by county is available on request from the Department of Health Services, Office of AIDS, P.O. Box 942732, Sacramento, CA 94234. Or the location of the nearest sites may be obtained by phoning the hotline numbers listed below. Also available from county ATS coordinators or the Office of AIDS is an excellent explanatory brochure to help people decide whether to take the test. It is titled, "AIDS Antibody Testing at Alternative Test Sites." The American College Health Association has also recently produced a useful brochure, titled "The HIV Antibody Test," which would help students who are considering whether to take the test; however, it is not specific to California testing procedures.

Telephone Hotlines

U.S. Public Health Service national AIDS hotline--(800) 342-AIDS (342-2437)

National Gay Task Force AIDS information hotline--(800) 221-7044

Southern California AIDS hotline--(800) 922-AIDS

Northern California AIDS hotline--(800) 367-AIDS

Newsletters

California AIDS Update, available from Department of Health Services, Office of AIDS, P.O. Box 942732, Sacramento, CA 94234, (916) 323-7415. Includes monthly California case-surveillance information, data on testing, national surveillance data from CDC, miscellaneous reports on Office of AIDS activities, and developments in treatment, prevention, and research.

Impact: AIDS Prevention in Higher Education, available from: AIDS Project, American College Health Association, 15879 Crabbs Branch Way, Rockville, MD 20855, (301) 963-1100. Includes information on Association workshops, educational materials, surveys, new research, resource contacts, etc.

NAN Monitor, available from National AIDS Network, 729 Eighth Street SE, Washington, DC 20003, (202) 546-2424.

Database

A database on AIDS educational materials is maintained by the Centers for Disease Control. It is the AIDS School Health subfile of CHID (Combined Health

Information Database), which indexes and describes, at the time of this writing, over 180 items. It may be accessed by obtaining a password, which costs $75 per year, from BRS Information Technologies, 1200 Route 7, Latham, NY 12110, (800) 345-4277. Colleges that do not have the ability or do not wish to electronically access this database may obtain a current printout of the information from Margaret Cleveland, Center for Health Promotion and Education, Division of Health Education, Building 3, Room B-15, Mail Stop A-14, Atlanta, GA 30333, (404) 639-3824.

Support and Service Organizations

This is a very limited, selected list. These organizations not only provide educational materials and consultation, but also direct services to persons with AIDS. They may assist with housing and subsistence needs, provide counseling and support groups, coordinate volunteer programs, and offer legal or administrative or political advocacy for persons with AIDS.

San Francisco AIDS Foundation
333 Valencia Street, 4th Floor
San Francisco, CA 94103
(415) 864-4376

Sacramento AIDS Foundation
1900 K Street, Suite 201
Sacramento, CA 95814
(916) 448-2437

Central Valley AIDS Team
606 E. Belmont, P.O. Box 4640
Fresno, CA 93744
(209) 264-2437

AIDS Project Los Angeles
7362 Santa Monica Blvd.
West Hollywood, CA 90046
(213) 876-8951

AIDS Project of the East Bay
400 40th Street, Suite 200
Oakland, CA 94609
(415) 420-8181

AIDS Response Program
12832 Garden Grove Blvd., Suite E
Garden Grove, CA 92643
(714) 534-0961

San Diego AIDS Project
3777 4th Avenue
San Diego, CA 92103
(619) 543-0300

Sources of Grants

The State Department of Health Services awards grants for AIDS community education and prevention projects on an open, competitive basis. The projects are targeted to five high-risk groups - homosexual/bisexual men, intravenous drug users, heterosexuals at risk, emergency service workers, health and human services workers - and to a statewide minority AIDS resource center. Grants have been awarded to some colleges. Community college districts may obtain a Request for

Proposal form by writing to the Department of Health Services, Office of AIDS, P.O. Box 942732, Sacramento, CA 94234, (916) 323-7415.

Grant programs operated by the Centers for Disease Control (CDC) focus on national, statewide, or specialized proposals and would not likely be applicable to individual community colleges. However, information on CDC grant programs may be obtained from Grants Management Office, Centers for Disease Control, 255 E. Paces Ferry Road NE, Room 321, Atlanta, GA 30305, (404) 842-6575.

The Chancellor's Office will keep districts informed of any new sources of AIDS education funding that may become available at the state or federal level.

CPR and First Aid Guidelines

The recommendations referred to in the text for prevention of disease transmission in Cardio-Pulmonary Resuscitation (CPR) classes that involve use of a manikin are reproduced as an appendix in the American Red Cross's *Adult CPR Instructor's Manual*, (May 1987), available from local Red Cross offices. Also available from local offices is, "Infection Control Guidelines for Prevention of HIV Transmission in First Aid Stations."

Emergency Response Workers' Training

The Sacramento Area Chapter of the American Red Cross coordinates a statewide program of AIDS Training for occupations that involve emergency response, such as peace officers, firefighters, and emergency medical technicians. To participate in this program, community colleges that train such workers may contact Monte Blair, Director, AIDS Education for Emergency Workers Project, American Red Cross, P.O. Box 160167, Sacramento, CA 95816, (916) 452-6541.

Political and Social Issues

For anyone doing research on AIDS or significantly involved with the course of the disease, the *Report of the Presidential Commission on the Human Immunodeficiency Virus Epidemic (June 1988)* is an important resource. This well-written report of approximately 200 pages provides background discussion and national action recommendations on such issues as data collection, patient-care delivery, research and vaccine development, public health management, education and prevention, drug abuse and other social issues, numerous legal and ethical issues, financing health care, and international cooperation. The report may be ordered for $11 from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, (202) 783-3238.

Appendices

APPENDIX A

Legal Analysis

The purpose of this analysis is to discuss the state and federal laws that apply to community colleges with respect to the treatment of students and employees with AIDS, ARC, or a positive HIV-antibody test result. In general, these laws can be viewed as imposing obligations relating to nondiscrimination and rights to services, and confidentiality.

Nondiscrimination

Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794) provides, in pertinent part, that:

> No otherwise qualified individual with handicaps in the United States, as defined in section 7(A), shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Section 503 of the Act (29 U.S.C. §793) extends similar protections to employees of recipients of federal financial assistance.

The applicability of these provisions to cases involving those with AIDS, ARC, or a positive HIV-antibody test result depends on the definition of the term "handicapped individual" that is set forth in section 7 of the Act (29 U.S.C. §706). That section defines a handicapped individual as one who "has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment...." Regulations adopted by the Department of Education elaborate on this by stating, "Handicapped persons means any person who (i) has a mental or physical impairment which substantially limits one or more major life activities, (ii) has a record of such impairment, or (iii) is regarded as having such an impairment." (34 C.F.R. §104.3(j)(1))

Until recently, it was not clear whether contagious diseases such as AIDS would qualify as handicaps under these definitions. In June of 1986, the federal Department of Justice issued an opinion that seemed to suggest that AIDS was not covered by section 504 because, in the view of the Department, the Rehabilitation Act was not intended to cover contagious diseases. However, in March of 1987 the U.S. Supreme Court handed down its decision in *School Board of Nassau County v. Arline*, 107 S.Ct. 1127 (1987), which held that tuberculosis is a handicap under section 706 despite the fact that this disease is contagious.

Although the Supreme Court has not decided a case involving AIDS, the language in the opinion strongly suggests that the Court would apply the reasoning in *Arline* to situations involving AIDS.

The *Arline* Court points out:

> It would be unfair to allow an employer to seize upon the distinction between the effects of a disease on others and the effects of a disease on a patient and use that distinction to justify discriminatory treatment. Nothing in the legislative history of 504 suggests that Congress intended such a result . . . . Allowing discrimination based on the contagious effects of physical impairment would be inconsistent with the basic purpose of 504, which is to ensure that handicapped individuals are not denied jobs or other benefits because of the prejudiced attitudes or ignorance of others. The Act is carefully structured to replace such reflexive reactions to actual or perceived handicaps with actions based in reasoned and medically sound judgment. (*Id.* at 1128-29)

However, even if a person is deemed to be handicapped under section 706, section 504 will not apply unless the individual is "otherwise qualified" to perform the job or, in the case of the beneficiary of services, to participate in the program. In *Arline*, the Court set forth criteria to be used in determining whether a person with a contagious disease is "otherwise qualified." According to the Court, this inquiry should be based on:

> . . . reasonable medical judgments given the state of medical knowledge, about: (a) the nature of the risk (how the disease was transmitted), (b) the duration of the risk (how long is the carrier infectious), (c) the severity of the risk (what is the potential harm to the third parties), and (d) the probability that the disease will be transmitted and will cause varying degrees of harm. (*Id.* at 1131)

In the year since *Arline* was decided, two lower federal courts have applied this analysis to cases involving persons with AIDS in educational settings. In *Thomas v. Atascadero Unified School District*, 662 F. Supp. 373 (C.D. Cal. 1987), a child with AIDS was found to be an otherwise qualified handicapped person protected by section 504 and the school district was required to admit him to classes. In *Chalk v. Orange County Department of Education*, 840 F.2d 701 (9th Cir. 1987), the Ninth Circuit Court of Appeals ruled that section 504 compelled the department to allow a teacher with AIDS to return to the classroom.

Both of these cases involved individuals with full-blown AIDS, but section 504 also extends coverage to those with a record of impairment, and even to those who are perceived to have an impairment, whether or not they actually do. Thus, it would appear that section 504 would apply equally to those with AIDS, ARC, or a positive HIV-antibody test result.

In California, Assembly Bill 803 of 1977 (Cal. Gov't. Code §11135 *et seq.*) , extends a broad prohibition of discrimination against various protected groups, including persons with disabilities, to any program or activity that is operated by a state agency or that receives state financial assistance. Regulations applicable to all recipients define a disabled person as "... any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment." (22 Cal. Code Regs. §98250) Although there has been no litigation under this statute, the similarity of this provision to the definitions under section 504 seems to leave little doubt that AIDS is covered under AB 803.

Another state law, the Fair Employment and Housing Act (FEHA) (Cal. Gov't. Code §12900 *et seq.*), protects all public and private workers, from employment discrimination. The *Government Code*, Section 12921, provides:

> The opportunity to seek, obtain and hold employment without discrimination because of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, sex, or age is hereby recognized as and declared to be a civil right.

Section 12926 (h) defines "physical handicap" to include impairments of "... sight, hearing, or speech, or impairment of physical ability because of amputation or loss of function or coordination, or any health impairment which requires special education or related services." In *DFEH v. Raytheon Company*, FEHC Dec. No. 87-04 (1987), the Fair Employment and Housing Commission held that an employee with AIDS was physically disabled under section 12926(h).

It should be noted that the coverage of the FEHA is, in certain respects, somewhat more limited than that afforded by either AB 803 or section 504. For one thing, the FEHA only applies to persons with physical disabilities, while AB 803 and section 504 also cover those with mental disabilities. Moreover, the definition under Section 12926 (h) of the *Government Code* does not include the kind of language found in the definitions under the other two statutes that extend coverage to those with a record of impairment and to those who are perceived to have an impairment. Thus, it would appear that persons with a positive HIV-antibody test result, and perhaps even those with ARC, would be excluded from coverage under this statute. However, community colleges, which do receive state and federal funds, are covered by AB 803 and section 504 and must abide by the broader definitions.

Services

The nondiscrimination requirements of section 504 and AB 803 also impose on recipients the obligation to provide reasonable accommodation to employees and beneficiaries. These statutes do not require provision of specific kinds of services, but the recipient's program, when viewed as a whole, must be accessible to persons

with disabilities. It should be noted that these statutes do not provide any funding to recipients to cover the cost of making such accommodations.

For the California community colleges, funding and uniformity of services for students with disabilities are provided under Assembly Bill 77 (1976) (Cal. Ed. Code Sections 78600 and 84850) and Assembly Bill 746 (1987) (Cal. Ed. Code Section 67310 *et seq.*) AB 77 provides state funds to cover the direct excess cost of providing special education and/or support services to students with disabilities. This program is administered under Title 5 regulations adopted by the Board of Governors. Section 56002 of these regulations defines disabled students as:

> . . . persons with exceptional needs enrolled at a community college who, because of a verified disability, cannot fully benefit from general education classes, activities, and services without specific additional specialized services and/or educational programs . . . . Wherever in this chapter the term "student" is used, such reference means a disabled student served in Disabled Student Programs and Services pursuant to sections 56010-56020 of this chapter.

Section 56010 defines physical disability to include "other health impairments," which means a "serious dysfunction of a body part or system which necessitates the use of one or more of the supportive services or programs described in sections 56026 and 56028 of this chapter." AIDS involves a serious dysfunction of the immune system which ultimately results in vulnerability to debilitating diseases and death. Thus, AIDS appears to qualify as a physical disability under AB 77.

This means that districts can seek reimbursement from the state for the direct excess cost of providing services to students with AIDS. However, there are certain limitations on the circumstances under which such funds may be used. First, section 56006 of the Title 5 regulations requires that a student's disability impose functional limitations that impede access to the educational process. Second, section 56030 states that students may participate in DSPS only so long as they continue to make measurable progress.

Since AIDS is a progressive disease, it is likely that the availability of state funding for serving a particular student will depend on the stage of development of the disease. As noted above, those with a positive HIV-antibody test result or who have developed ARC may be covered by section 504 and AB 803, but these conditions will not normally impose functional limitations that impede access to the educational process. Such functional limitations would be expected to arise if and when the disease develops into full-blown AIDS. However, when the disease progresses to its later stages, the student may become so seriously ill that he or she cannot continue to make measurable progress, even when all appropriate accommodations have been made. Thus, the determination of coverage under AB 77 must be made on a case-by-case basis and must be reviewed periodically to assure that the student continues to make measurable progress.

Clearly then, although it does substantially assist colleges in meeting their obligations under the nondiscrimination statutes, AB 77 has a different thrust and scope. It only funds services for students and then only under certain circumstances. Moreover, AB 77 does not impose affirmative duties on a college, it merely authorizes reimbursement by the state for the excess cost incurred by a college if it does choose to provide certain types of services.

Confidentiality

In most instances, the fact that a student has AIDS or has a positive HIV-antibody test result will come to a college from the student or from an outside source pursuant to a medical release form signed by the student. Once this type of medical information is obtained, it would normally be included in the student's records.

The Family Educational Rights and Privacy Act of 1974 (20 U.S.C. §1232)(g) provides that an educational institution that receives federal funds may not, except under specified circumstances, release personally identifiable information in student records without the prior written consent of the students themselves or their parents. Provisions in the *California Education Code* (Section 76200 *et seq.*) afford similar guarantees under state law.

Certain kinds of information, called directory information - *e.g.* the student's name and address, may be released pursuant to *Education Code* Section 76240, but this does not include information about a student's medical condition or whether the student has a disability. Thus, in general, the fact that a particular student has AIDS, ARC, or a positive HIV-antibody test result should be kept strictly confidential. However, there are certain exceptions to this general rule.

First, subsection (b) of Section 76243 authorizes the release of confidential information to state or federal education officials for purposes of evaluating or auditing programs. Therefore, it is permissible to release information about students with AIDS to state or federal educational officials for legitimate purposes.

Second, section 76243 (a) authorizes release of confidential information to other officials of the same institution where required by a legitimate educational interest. This provision is broad enough to allow one staff member, such as a DSPS counselor, to advise another that a student has health problems that may require accommodations. However, since it is well-established that AIDS cannot be transmitted casually, there would be no justification for disclosing the specific nature of the illness.

In some instances, colleges may conduct HIV-antibody testing and, although unlikely, it is conceivable that a physician employed by a college would make an initial diagnosis of a new AIDS case. Assembly Bill 403 of 1985 (*Cal. Health & Safety*

Code §199.20 *et seq.*) established stringent rules protecting the confidentiality of HIV-antibody test results. Release of such test results in a manner that permits personal identification of the subject without his or her written authorization is punishable by both civil and criminal penalties. However, in the event that a physician makes a diagnosis of AIDS, he or she is legally obligated to report the case to public health officials.

Conclusion

Based on the foregoing analysis, it appears clear that persons with AIDS have three significant legal rights. First, AIDS is considered a disability and those with AIDS, ARC, or a positive HIV-antibody test result are therefore protected from discrimination under both state and federal law. Second, in order to comply with the nondiscrimination requirement, colleges must provide appropriate accommodations to persons with AIDS, which in the case of students, may be paid for with state funds. Finally, the fact that a student has AIDS is confidential information and may not, except under certain narrowly defined circumstances, be disclosed.

APPENDIX B

Legislative Developments

Federal

Up to the present, there has been little federal legislative activity on AIDS. Congress has considered the subject in the context of broader appropriation bills, approving and frequently augmenting administration funding requests for the National Institutes of Health (NIH), the Centers for Disease Control (CDC), and other federal agencies concerned with the disease.

On April 28 of this year, the first major bill on AIDS, S. 1120 or the "AIDS Research and Information Act," was passed by an overwhelming vote of the U.S. Senate. A similar measure is pending in the House of Representatives. Prospects for final passage of this measure appear very good, although it is opposed by the Administration. The bill would declare AIDS a public health emergency. It would speed up federal response to AIDS by creating a rapid-AIDS-evaluation facility at the National Institutes of Health, and by adding several hundred new employees within various divisions of the U.S. Public Health Service. S. 1220 would authorize total federal expenditures of about $1 billion over the course of three years. It includes substantial new funds for research and clinical trials, including grants to international health organizations. It includes funds for home health care for AIDS patients and special training for health care workers. Most importantly, S. 1220 allocates $120 million for a National AIDS Information Program, including hotlines for the public and health workers, and a CDC clearinghouse to make model educational materials widely available. Another $150 million would be provided directly to states for education and prevention, with mandatory pass-through to local governments and organizations in areas of high AIDS incidence.

California

The state legislative response to AIDS began early in 1983 with the appointment of an AIDS advisory committee pursuant to SB 910 (Roberti). But it was in 1985 that state AIDS activity got underway in earnest with the passage of a series of important bills. AB 403 (Agnos) and SB 292 (Marks) protected the privacy, employment, and insurance coverage of those who submit to AIDS antibody testing and who participate in AIDS research projects. AB 488 (Roos) provided initial funding for the state's system of Alternative Test Sites (ATS), which are anonymous antibody testing facilities designed to protect the donated blood supply from the AIDS virus. SB 1251 (Roberti) provided funding for treatment, support services grants, and information projects.

In the Budget Act of 1985, the Department of Health Services was provided substantial new funding for an Office of AIDS. Among the programs implemented was one of grants to local entities for AIDS education projects targeted at high-risk groups. For 1988-89, the Office of AIDS has awarded 99 such grants, and Rio Hondo has become the first community college recipient.

Governor Deukmejian approved SB 2192 (Rosenthal) in September 1986, which required the State Department of Education to provide information on AIDS, including methods of preventing exposure, to school districts annually. In turn, districts are required to provide this information to their employees.

The Governor, however, vetoed two significant AIDS bills in September 1987. The first was AB 2650 (Roos), which would have permitted student health services in University, State University, or Community College campuses to provide AIDS testing and counseling and to establish alternative test sites. The Governor argued that college students are not generally considered high-risk individuals and therefore the bill would be an inappropriate use of resources that would be better utilized in the existing structure of AIDS services. He also vetoed SB 136 (Hart), which would have provided $337,000 for the State Department of Education to make informational materials on AIDS available to school districts, and required that AIDS education be offered to all seventh- through twelfth-grade pupils. The Governor indicated that he objected to having the state distribute uniform educational materials to be used by all districts; however, he has not supported subsequent legislation that would allow every district to select its own AIDS materials.

This year, many bills on AIDS have been introduced in the Legislature. Three that are pending at the time of this writing that are of particular interest to community colleges: AB 3032 (Roos), AB 3033 (Roos), and SCR 79 (Hart). AB 3032, which is supported by the Board of Governors, would appropriate $600,000 to establish AIDS education projects on six community college campuses through grants awarded by the Board. AB 3033 would require every public and private employer of 50 persons or more to provide employees with AIDS information. SCR 79 would express legislative encouragement for each public and private institution of higher education to provide comprehensive AIDS prevention information and education, and request each segment to report by December 1, 1989, on AIDS education efforts.

APPENDIX C

AIDS Survey Results

An informal survey of California community colleges regarding AIDS policies and activities was conducted through a memo sent to Chief Instructional Officers and Chief Student Service Officers on May 17, 1988. As it was not possible to follow up with nonresponding colleges, the results are incomplete and may not be representative, but they may nevertheless be of interest.

Colleges were asked to respond to the following questions:

1. Has your district or college adopted an AIDS policy, either through governing board action or through administrative action?

2. Has your district or college undertaken any activities to educate students, staff, and/or faculty about AIDS?

3. Is your district or college providing services relating to AIDS?

Fifty colleges responded, representing thirty-nine districts. The responses were of all types.

Policies

For the purpose of characterizing the diversely worded answers to question 1, the responses of the 39 districts are grouped below under headings that represent interpretations, rather than actual quotations.

- We have adopted an AIDS policy: 9 districts.

- We have adopted a policy on infectious diseases or life-threatening diseases, including AIDS: 3 districts.

- We have prepared a draft AIDS policy that is now being reviewed for adoption: 5 districts.

- We have prepared a draft policy on infectious diseases, including AIDS, that is now being reviewed for adoption: 1 district.

- After consideration, we decided not to adopt a separate AIDS policy: 4 districts.

- We follow the American College Health Association guidelines: 3 districts.
- We follow the county's communicable disease guidelines: 1 district.
- We are considering drafting a policy on AIDS in the future: 4 districts.
- We do not have an AIDS policy: 7 districts.
- No mention of policy in response: 2 districts.

Thirteen district AIDS policies, either adopted or under current review, were submitted, excluding the policies on infectious or life-threatening diseases generally. These had considerable borrowing and overlap among them, but could be categorized roughly as follows:

- One was a lengthy, comprehensive policy addressing institutional procedures, education, nondiscrimination, confidentiality, campus safety, etc. This policy drew heavily on that of the California State University.
- Four were essentially brief but strong statements of nondiscrimination, with some mention of a need for AIDS education.
- One was a brief and nonspecific nondiscrimination statement, applicable only to employment.
- One policy emphasized measures to prevent transmission and required students with AIDS to report the diagnosis and the name of the student's physician so that a team decision on continued attendance could be made.
- Three policies used language very similar to existing communicable disease policies, and emphasized case-by-case evaluation by a team.
- Three policies placed primary emphasis on the district's role in preventative education, but also included a nondiscrimination statement.

Educational Activities

The overall level of present and planned activities in AIDS education that was reported was heartening. Apparently, many community colleges have already become deeply involved in education and prevention, most often in cooperation with county public health offices and other postsecondary institutions in their areas. While some of the responding colleges indicated they had started their AIDS education efforts in 1986, the majority mentioned activities begun in 1987 and 1988, and new or expanded activities being planned for the fall of 1988. Since the survey of

policies revealed that there are numerous policy drafts being worked on this summer, it is not surprising that there is also considerable AIDS education planning taking place this summer.

Because the survey question was loosely worded and did not ask about specific activities, responding colleges chose to mention a variety of different educational strategies, with little uniformity among responses. Below are some activities and the number of responses in which they are specifically mentioned; however, the fact that a particular activity was mentioned only by 12 colleges, for instance, does not mean that it is only taking place in 12 colleges. Many responses indicated that a variety of activities was going on but only mentioned one or two specifically as examples. Some colleges reported they are conducting substantial education efforts, yet mentioned no specific details.

- Literature and/or videotapes available in counseling or health office: 25
- AIDS awareness day or week: 24
- AIDS presentations especially for faculty or counselors: 19
- Literature distributed generally on campus: 17 (Many colleges mentioned they distribute AIDS literature in the library.)
- Guest speakers from outside college: 17
- Open-invitation AIDS seminars: 15
- Articles in campus newspapers and newsletters: 14
- Special courses on AIDS added to curriculum: 12

Of the 50 responding colleges, only five acknowledged that they have very little or nothing in the way of AIDS education.

Services

While numerous colleges mentioned counseling of students with regard to AIDS, this was generally not reported as a distinct activity. The most-reported service was referrals to area test sites or service organizations where professional AIDS counseling is available. This was mentioned by 28 colleges. Seven colleges reported that HIV-antibody testing has been made available on campus by arrangement with area testing programs. Numerous colleges also mentioned that condom machines have been installed in campus restrooms and/or condoms are available at the Health Services Office.

Response Pattern Analysis

Because follow-up with nonresponding colleges was not possible, the survey results can only be regarded as tentative indications of actual activity levels.

The overall response rate for the survey was 47 percent. However, the response rate among colleges that have health services was 63 percent. Only 10 percent of those responding said they are doing little or no education; however, it is unlikely that a 90 percent participation rate could be extrapolated to the whole community college system. Because of the higher proportion of campuses with health services among the survey respondents, and because there is probably a self-selection factor that makes it likely many of those responding are those who are proud of their efforts, one could probably expect a substantially higher proportion of non-participating colleges among the nonrespondents; *i.e.*, colleges that are not now providing AIDS education.

Four of the five colleges reporting little or no AIDS education, were colleges without health services. This and other indications may be cause for concern about the ability of the nonresponding districts without health services to get education efforts underway. There appears to have been a strong correlation between health services and AIDS education, although the Los Angeles Community College District, with no health services but with a highly active education program, is a major exception. A substantial number of the nonresponding colleges were those in rural and suburban locations. This may indicate that such colleges believe AIDS is not a problem for them. However, this is not a consistent pattern; there were rural colleges among the respondents and urban colleges among the nonrespondents.

APPENDIX D

American College Health Association

Task Force on the Acquired Immunodeficiency Syndrome (AIDS)

General Statement on Institutional Response to AIDS

Revised January 1988

Introduction

The American College Health Association (ACHA) presents these recommendations and guidelines for institutions of higher education in response to the epidemic of infection with Human Immunodeficiency Virus (HIV), which causes the Acquired Immunodeficiency Syndrome (AIDS). This statement updates the *General Statement on Institutional Response to AIDS* issued on December 2, 1985. The recommendations and guidelines herein are based on the best currently available medical information and on statements by the United States Public Health Service and the Centers for Disease Control. ACHA has released detailed information and guidelines in certain specific areas of concern to colleges and universities in a special report, *AIDS on the College Campus*. Periodic future statements will update the special report and address other issues as they arise.

Communities in higher education must respond effectively to the epidemic of HIV infection. In a campus environment many students are faced with new independence, self-determination, and strong peer pressure to adopt certain behaviors. For some students, an uncertain sense of identity and self-esteem can further complicate decision-making. Experimentation with sexual behaviors and/or drug use may put college and university students at a greater risk of infection. Young adults often feel invincible and tend to deny personal risk. Many people in campus communities believe that HIV infection and AIDS are problems faced elsewhere, or are concerns only for "other kinds" of people. The prolonged latency between infection with HIV and the eventual development of full-blown AIDS will promote the relative invisibility of the infection, an effect which will seem to validate the myth among students (and some faculty and administrators) that "it cannot happen here."

HIV infection is potentially lethal, but absolutely preventable. Each college or university community must do more than be aware of the risks of HIV infection. Each community must accept that HIV infection and AIDS can, in fact, happen on any campus. Every institution of higher education must be accountable to its community to do everything possible to prevent people from being infected, to limit the consequences of established infection, and to provide compassionate care for all concerned individuals. These challenges will demand strong leadership and commitment.

ACHA acknowledges the valuable assistance of the American Council on Education (ACE) in the development of guidelines pertaining to the legal issues and questions presented by the epidemic of HIV infection, and appreciates the support of the National Association of Student Personnel Administrators and the Association of College and University Housing Officers.

Educational Programs

The primary response of colleges and universities to the epidemic of HIV infection must be education. The American College Health Association recommends that the organization and implementation of effective educational programs about AIDS and HIV infection be an activity of the highest priority for all institutions of higher learning. In designing the format and content of educational programs, it is important to recognize and address the rich diversity of people in the campus community and to provide opportunities for effective learning by people of any age, ability, gender, ethnicity, or sexual orientation.

Because there is as yet neither a vaccine to prevent HIV infection nor curative therapy for persons infected with HIV, the most pressing need for institutions will be to implement programs which increase awareness and provide education to prevent further spread of the virus. Although knowledge about limiting the consequences of established HIV infection is only beginning to develop, it is important that AIDS education programs also provide what information is available.

These comprehensive educational programs must address not only undergraduates, but also graduate and professional students; they should reach not only residential students, but also commuters and non-traditional students. Programs to educate students about HIV infection and AIDS should also be available in junior and community colleges and in all other schools offering post-secondary education, including continuing education programs. Furthermore, colleges and universities should offer similar educational opportunities for institutional employees, faculty, and staff. Providing education to faculty and other employees will require leadership from campus health and personnel officers and commitment from senior administrators.

The epidemic of HIV infection raises issues of liability that are of great concern to college and university administrators; the most effective means of addressing these issues at present is to educate students and employees about HIV infection and AIDS and to take such reasonable precautions as are suggested herein. Educational programs will also be of paramount importance in discharging the institution's responsibility to protect its student body and staff from the transmission of HIV. As medical evidence consistently indicates that no actual safety risks are created in the usual workplace or academic setting, institutions can best render enrollment or employment safe and healthful through effective education and training programs.

The program of education provided by the institution should emphasize the following:

1. Even though they may not have symptoms, persons with HIV infection may transmit the virus to others through intimate sexual contact or exposure to blood.

2. Among people who choose to be sexually active, the consistent and conscientious use of condoms and spermicides containing nonoxynol-9 greatly reduces the chance of transmission of HIV through sexual intercourse.

3. The sharing of needles used in the injection of illicit drugs is an efficient way to transmit HIV. It is possible that needles used to inject steroids may transmit HIV as well.

4. Persons with documented HIV infection, and those with behavioral risk factors for HIV infection, should not donate blood, plasma, sperm, or other body organs or tissues.

5. People with HIV infection pose no risk of transmitting the virus to others through ordinary, casual interpersonal contact.

6. It is possible that certain interventions and therapies may help limit the consequences of HIV infection among people already infected. People who know they have been infected may thus benefit from regular medical follow-up and immunologic evaluation.

In colleges and universities with resident students, residence hall staff (both students and employees) should receive education about HIV infection and AIDS prior to the arrival of new students each session.

In order for educational programs to be effective, they must provide current information, use reliable, up-to-date materials, and be both easily accessible and widely available. The Task Force on AIDS of the American College Health Association produces and periodically updates educational brochures and videotapes dealing with various aspects of HIV infection and AIDS. These materials are available to all institutions. Detailed recommendations for educational programs, including suggested formats and methodologies, are included in the special report, *AIDS on the College Campus.* ACHA will continue to release new educational materials, reports, and programming suggestions.

Recommended Policies

A. APPLICATION

These guidelines, which derive from the best currently available medical facts about HIV infection and AIDS, apply to all students or employees with HIV infection. People with HIV infection may be healthy, but have evidence of the infection because of the presence of an antibody to the virus in their blood; others have a condition meeting the criteria of the surveillance definition of AIDS itself, or one of the lesser symptomatic manifestations of infection (such as AIDS-Related Complex or Progressive Generalized Lymphadenopathy).

B. TRANSMISSION INFORMATION RELEVANT TO POLICIES

Current knowledge indicates that students or employees with any form of HIV infection do not pose a health risk to other students or employees in an academic setting. HIV is transmitted by intimate sexual contact and by exposure to contaminated blood. Although HIV may be found in many body fluids and secretions of people who are infected, its presence is correlated with transmission only through blood, semen, and female genital secretions. There has been no confirmed case of transmission of HIV by any household, school, or other casual contact. **The Public Health Service states that there is *no risk* created by living in the same place as an infected person; caring for an AIDS patient; eating food handled by an infected person; being coughed or sneezed upon by an infected person; casual kissing; or swimming in a pool with an infected person.** These facts are the basis for the following guidelines.

C. GUIDELINES FOR INSTITUTIONAL POLICY

1. General Policies. **The American College Health Association recommends that institutions adopt only general policies, such as are included herein, concerning students or employees with HIV infection.** ACHA suggests that institutions respond to each case as required by its particular facts. Given the uncertain legal obligations and challenges involved, institutions are advised neither to devise nor to implement inflexible policies.

2. Institutional Committee. It is appropriate for college and university officials to designate a group of administrators and faculty to manage the process of evaluating individual cases, to organize and oversee the educational program, and to provide a mechanism for making such policy decisions as become necessary.

3. Handicapping Conditions. It is clear that persons with AIDS itself (and, possibly, those with other manifestations of HIV infection) will be considered as having handicapping conditions; in making decisions, college and university officers are advised to guarantee the legal rights of these individuals. Existing support services for people with handicapping conditions can be appropriately and effectively utilized by students or employees disabled by HIV infection.

4. Admissions. No institution of higher education should include consideration of the existence of any form of HIV infection in the initial admissions decision for people applying to attend the institution. The exclusion of people with HIV infection for reason of that infection constitutes unwarranted discrimination.

5. Attendance. College and university students who have HIV infection, whether they are symptomatic or not, should be allowed regular classroom attendance in an unrestricted manner as long as they are physically and mentally able to attend classes.

6. Access to facilities. There is no justification, medical or otherwise, for restricting the access of students with HIV infection to student unions, theatres, restaurants, snack bars, gymnasiums, swimming pools, saunas, recreational facilities, or other common areas.

7. Residential housing. Decisions about housing for students with HIV infection must be made on a case-by-case basis. **The best currently available medical information does not indicate any risk to those sharing residence with infected individuals. There may, however, be in some circumstances reasonable concern for the health of students with immune deficiencies (of any origin) when those students might be exposed to certain contagious diseases (e.g., measles or chicken pox) in a close living situation.** Health officers and administrators in institutions with the flexibility to provide private rooms may wish to recommend that students with immune deficiencies be assigned private rooms in order to protect the health of the immunodeficient students—not to protect other students from them. The American College Health Association recognizes that the fear of HIV infection and AIDS may cause considerable pressure to be brought to bear on housing officers, and has provided a thorough discussion of options in residential housing in the special report, *AIDS on the College Campus.*

8. Medical care. The following recommendations pertain to the provision of clinical services to people with HIV infection.

a. Medical history. Institutions of higher education should not routinely ask students to respond to questions about the existence of HIV infection. It is, however, appropriate in many institutions to encourage students with HIV infection to inform campus health care providers to enable the institution to provide them proper medical care, support, counsel, and education. This, like any other medical information, should be handled in a strictly confidential manner in accordance with the procedures and requirements in effect at the institution.

b. Medical and psychological follow-up. Clinicians in health services and counseling centers should make provisions for medical, psychological, and support services which promote the best physical and mental health of persons with HIV infection. Institutions should organize these resources *prior* to their need to avoid causing anxiety and distress in individuals requiring assistance. If these services are beyond the scope of comparable services provided on campus, the institution should identify other care providers who will see students by referral.

The evolution of antiviral or immunomodulating therapies for HIV infection requires that campus health care providers be aware of current developments and practices in immunologic evaluation and treatment. If these services are beyond the scope of patient care services offered on campus, health officers should be able to refer students or employees or other facilities.

c. Contagious diseases. Special precautions to protect the health of immunologically compromised individuals should be applied during periods of prevalence of certain casually contagious diseases, such as measles and chicken pox.

d. Immunizations. Persons known to have immune deficiencies should be excused from institutional requirements for certain vaccinations, especially measles and rubella; these vaccinations may lead to serious consequences in people with a poorly functioning immune system.

9. HIV antibody testing.

a. Mandatory testing. College and university officials should not undertake programs of mandatory testing of either employees or students for antibody to HIV. Mandatory testing programs will be cost-ineffective, counter-productive, and possibly discriminatory.

b. Voluntary. College and university health services should be familiar with sources of testing for antibody to HIV, and should be able to refer students or employees requesting tests. Health care providers should understand the capabilities and limitations of the test, and should be able to counsel and educate persons who seek testing. Administrators and clinicians must be familiar with state laws and public health requirements regarding charting of results, release of confidential information, and reporting of test results.

Whether the tests are performed through the campus health service or not, they should be done if and ONLY if:

[1] they can be strictly confidential or anonymous
[2] positive results on the screening test (ELISA test) are confirmed by another procedure, and
[3] both pre-test and post-test counseling are a mandated part of the program.

10. Confidentiality of information. People known or suspected to have HIV infection, whether or not they have symptoms of illness, have sometimes been victims of discrimination and physical or psychological abuse. The potential for discrimination and mistreatment of these individuals, and of persons thought to be at risk of infection, requires that confidential information concerning any aspect of HIV infection be handled with extraordinary care.

a. Standards. Guidelines concerning the handling of confidential information about people with HIV infection follow the general standards included in the American College Health Association's *Recommended Standards and Practices for a College Health Program,* fourth edition:

> In general, it is recommended that no specific or detailed information concerning complaints or diagnosis be provided to faculty, administrators, or even parents, without the expressed written consent of the patient in each case. This position with respect to health records is supported by the Family Education Rights and Privacy Act of 1974.

b. Release of information. No person, group, agency, insuror, employer, or institution should be provided any medical information of any kind without the prior written consent of the patient. **Given the possibility of unintended or accidental compromise of the confidentiality of information, health officers should carefully weigh the importance of including any specific information about the existence of known HIV infection in the ordinary medical record except when circumstances of medical necessity mandate it. At minimum, the inclusion of any information regarding HIV infection in the medical record should be discussed with the patient prior to its entry.**

c. Legal liability. Health officials and other institutional officers must remember that all confidential medical information is protected by statutes and that any unauthorized disclosure of it may create legal liability. The duty of physicians and other health care providers to protect the confidentiality of information is superseded by the necessity to protect others only in very specific, life-threatening circumstances.

d. "Need to know." The number of people in the institution who are aware of the existence and/or identity of students or employees who have HIV infection should be kept to an absolute minimum, both to protect the confidentiality and privacy of the infected persons and to avoid the generation of unnecessary fear and anxiety among other students and staff. The ACHA has released a more detailed statement discussing the handling of confidential information as part of the special report, *AIDS on the College Campus.*

e. Informing other students or employees. There is absolutely no medical nor other reason for institutions to advise students living in a residence hall of the presence there of students with HIV infection. Similarly, college and university officials should not reveal the identity of students or employees with HIV infection in any other setting. The responsibility to provide a safe living environment is best dealt with by educational programming, as discussed earlier. Sharing confidential information without consent may create legal liability.

f. Public health reporting requirements. College and university health services must strictly observe public health reporting requirements. In all jurisdictions, cases of AIDS meeting the criteria of the surveillance definition of the Centers for Disease Control must be reported to the local public health authorities. In a few areas, seropositivity for antibody to HIV is also reportable but must be kept confidential. The detailed revised surveillance definition for AIDS for case reporting purposes is included in:

Centers for Disease Control. Revision of the CDC surveillance case definition for acquired immunodeficiency syndrome. *Morbidity and Mortality Weekly Report* 1987;36:1S.

g. Secondary lists or records. Neither health officers nor other administrators should keep lists or logs identifying individuals tested for antibody to HIV or known to be infected with HIV. The potential for compromise of confidential information far exceeds any conceivable benefit of such listings.

11. Safety precautions. All colleges and universities should adopt safety guidelines as proposed by the United States Public Health Service for the handling of the blood and body fluids of all persons, not just those previously known to have HIV infection. These "universal precautions" are necessary because many people with HIV infection are not identified in advance. The same procedures should thus be followed for handling the blood and body fluids of any student or employee.

a. Disinfection. Surfaces contaminated by blood or other body fluids can be successfully cleaned and disinfected with commercial disinfectant solutions or with household bleach, freshly diluted in a 1:10 solution.

b. Health care providers.

1. Public Health Service procedures. In order to prevent the accidental transmission of HIV in health care settings, institutions which operate health services, laboratories, or clinics for students or staff should implement current recommendations from the Public Health Service for infection control, and should monitor compliance with these procedures. Colleges and universities should provide educational programs about HIV infection and its transmission in health care settings to all clinical personnel. The following article provides current recommendations.

Centers for Disease Control. Recommendations for prevention of HIV transmission in health care settings. *Morbidity and Mortality Weekly Report* 1987;36:2S.

Medical and nursing professionals, dentists and oral surgeons, dental hygienists, optometrists, and other clinical service providers should be familiar with recommended infection control procedures and should follow them consistently in every patient encounter.

2. Equipment. College and university health services should use disposable, one-user needles and other equipment whenever such equipment will puncture the skin or mucous membranes of patients. The same safety precautions must be used with all patients. If disposable equipment is not available, any needles or other implements that puncture skin or mucous membranes should be steam sterilized by autoclave before re-use or safely discarded. Extreme caution should be exercised, particularly in disposing of needles.

c. Teaching laboratories. Colleges and universities should also adopt safety guidelines for the handling of blood and body fluids of all persons in teaching laboratories. Laboratory courses requiring exposure to blood, such as biology courses in which blood is obtained by finger prick for typing and examination, should use disposable equipment, and no lancets or other blood-letting devices should be re-used or shared. No students, except those in health care professions in schools, should be required to obtain or process the blood of others.

12. Support services. The psychosocial consequences of actual or feared HIV infection are such that college and university students and employees may experience enough suffering to impair their health, interfere with academic or work performance, cause extreme psychological distress, disrupt plans, and cripple relationships. Psychological, emotional, and spiritual health may also be important allies for people with established HIV infection. **The American College Health Association therefore recommends that all institutions develop easily accessible and widely available support services through which concerned persons can receive counseling, assistance in locating and using social resources, and referrals for further assistance.** Often, these needs may be met through existing student services or employee assistance programs or by identifying community-based resources for referrals.

13. Harassment. As a result of the fear, anxiety, and anger that many people feel in reaction to AIDS, some students or employees who are either known to be or suspected of being infected with HIV may be subjected to emotional and/or physical abuse. Institutions of higher education should condemn all such occurrences as intolerable and respond to them quickly and effectively.

Forthcoming statements and reports from ACHA will address other educational and administrative issues as they arise.

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